

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214524816			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CENTRAL VIRGINIA HEALTH SERVICES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHARLES W ALLBAUGH PO BOX 220 NEW CANTON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BUCKINGHAM COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2014</p> <p>SCC ID NO: 01266493</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 25892 JAMES MADISON HWY</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NEW CANTON, VA 23123</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: FRANK SHERIDAN TITLE: PRESIDENT ADDRESS: ROUTE 2, BOX 1990 CITY/ST/ZIP/CO: KENTS STORE, VA 23084 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FRANK SHERIDAN TITLE: PRESIDENT ADDRESS: ROUTE 2, BOX 1990 CITY/ST/ZIP/CO: KENTS STORE, VA 23084	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODERICK MANIFOLD DIRECTOR 3 ELM CT PALMYRA, VA 22963	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN MANSTER DIRECTOR PO BOX 468 BOWLING GREEN, VA 22427	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLA MARTINDALE DIRECTOR PO BOX 262 ALBERTA, VA 23821	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH MOORE DIRECTOR 111 OAK HILL RD DRAKES BRANCH, VA 23937	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEGGY SCOTT DIRECTOR 7982 PORTERS ROAD ESMONT, VA 22937	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB SMITH TREASURER 13301 BENT CREEK RD AMELIA COURT HOUSE, VA 23002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEARLINE TAYLOR DIRECTOR 18128 WINSTON LOOP HANOVER, VA 23069	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE WILLS DIRECTOR PO BOX 2613 TAPPAHANNOCK, VA 22560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGUERITE YOUNG DIRECTOR 323 CANNON CIRCLE FREDERICKSBURG, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN PERRY DIRECTOR 15917 WHITE OAK ROAD CHURCH ROAD, VA 23833	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ FRANK SHERIDAN	FRANK SHERIDAN, PRESIDENT	5/12/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			